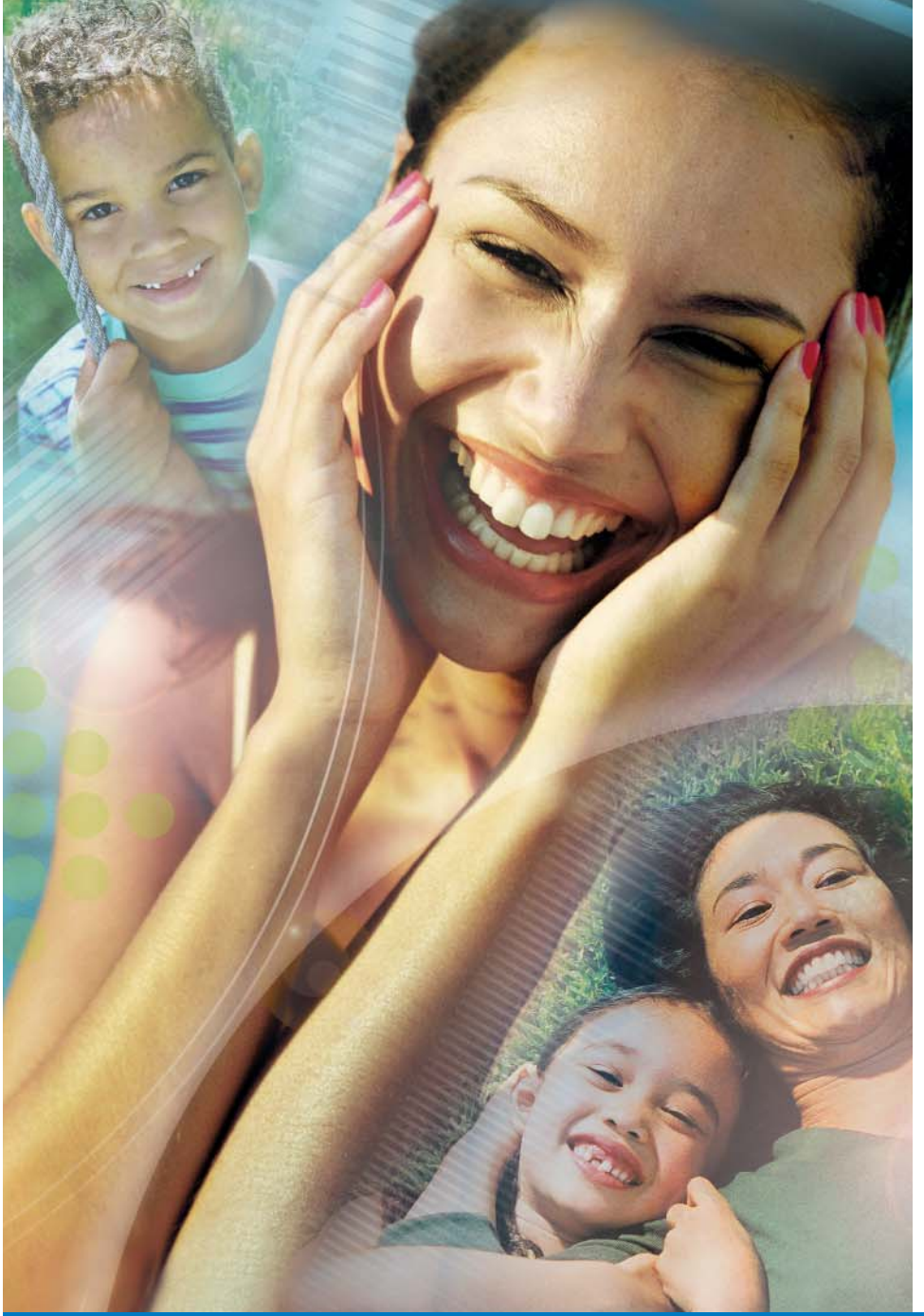

Anthem

Stafford County Public Schools

Effective July 1, 2005

Anthem Dental - PPO

anthem.com

Anthem Dental-PPO members have the right to privacy and that right is respected by all Anthem Blue Cross and Blue Shield employees. We abide by the Commonwealth of Virginia Privacy Protection Act and have procedures in place to ensure your privacy. Any medical information we receive about Anthem Dental-PPO members, including medical records from health care professionals or hospitals, will be kept confidential and, except as permitted by law, will not be made available without the member's written permission. In a limited number of situations, Anthem Blue Cross and Blue Shield may need to release confidential information without written authorization (but within the law) in order to administer benefits – for example, conducting coordination of benefits between health care carriers. Anthem Dental-PPO members can review any personal information collected about them by Anthem Blue Cross and Blue Shield including medical records held by us by calling Member Services. Corrections to inaccurate information will be made at their request.

The confidentiality of Anthem Dental-PPO members' medical records is not just protected by law; Anthem Blue Cross and Blue Shield goes beyond the law's requirements to ensure privacy. All our employees are required to sign confidentiality statements keeping member records private, and by contract, members' employers are required to protect their records and are prohibited from misusing confidential information. Anthem Blue Cross and Blue Shield also contractually requires network health care professionals to keep member medical records confidential. Any medical information received on our members' behalf is kept secure and access to this information is limited to approved employees.

Anthem Blue Cross and Blue Shield operates Anthem Dental-PPO as a managed care health insurance plan ("called an MCHIP") subject to regulation in the Commonwealth of Virginia by both the State Corporation Commission Bureau of Insurance pursuant to Title 38.2 of the Virginia Code and the Virginia Department of Health pursuant to Title 32.1 of the Virginia Code.

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Anthem Dental - PPO III

In-network	You pay
Diagnostic and preventive care *Covered twice per calendar year:* • Examination of your teeth • Cleaning your teeth • Painting teeth with fluoride to help prevent cavities (only for covered family members under age 16) *Covered once per calendar year:* • X-rays of part of the mouth, except x-rays needed to fit braces* • Space maintainers (only for covered family members under age 12) • Dental sealants on first and second permanent molars * A full x-ray of the mouth is covered every 36 months and only for enrolled family members age 5 or older.	**No charge**
Your coverage for primary dental, prosthetic and complex restorative and orthodontic care includes a calendar year deductible - $50 for individual or $150 for family. This means you pay all the costs associated with these services until you have reached your calendar year deductible.	
Primary dental services • Amalgam fillings • Composite (tooth-colored) fillings, front teeth only • Care for a toothache • Stainless steel crowns on primary teeth • Oral surgery, including pulling teeth (either a simple extraction or a surgical removal) and anesthesia • Treatment of infected nerve tissue inside a primary tooth • Root canal therapy for permanent teeth (endodontic care) • Restorations • Care for cysts, tumors or abscesses in the mouth and care of acute gum infection or sores • Several different types of care for the gum (periodontal care) • Making gum ridges ready for false teeth • Removing diseased portions of bone around the teeth • Bite planes, splints or occlusal adjustments of teeth for temporo-mandibular joint dysfunction (TMJ)	You pay **20%** of the amount the dental care professionals in our network have agreed to accept for their services
Prosthetic and complex restorative care These benefits can help repair or replace a tooth if preventive services fail to save it. This coverage provides benefits for: • Onlays and crowns that are not part of a bridge • Crown buildups • Bridges • Repair or recementing of onlays, crowns and bridges • Post and core buildups • Dentures (full and partial) and denture adjustments • Relining and rebasing dentures for a better fit and denture repairs	You pay **50%** of the amount the dental care professionals in our network have agreed to accept for their services

This document contains highlights of the plans you are being offered by Anthem Blue Cross and Blue Shield. Please refer to your benefit booklet for full details on plan provisions.

Covered services	You pay
Prosthetic and complex restorative care (continued) Some special limits apply to the coverage of prosthetic and complex restorative services: • For covered members under age 16, coverage for permanent crowns must be approved before the service is performed. • Replacement of prosthetic appliances, dentures, crowns, crown buildups, post and core to support crowns, onlays and bridges are limited to once every five-year period, with one exception — replacement of a bridge will be provided prior to the end of the five-year period if one or more abutment teeth are extracted. • Denture adjustments, repairs or rebasing/relining (chairside) are limited to once per appliance per calendar year. Denture rebasing/relining at a laboratory is limited to once per appliance per three-year period. • Recementing of crowns, onlays or bridges is limited to once per crown, onlay or bridge per lifetime. • Repair of crowns and bridges is limited to once every five-year period. • Porcelain laboratory-processed veneers are limited to once every five-year period in lieu of single crowns on anterior teeth.	You pay **50%** of the amount the dental care professionals in our network have agreed to accept for their services
Orthodontic care These services for straightening teeth are covered only if the problem prevents normal chewing or eating. This coverage provides benefits for: • Services needed to diagnose the problem, including x-rays and study models • Installing orthodontic appliances and required visits for adjustments • Treatment associated with orthodontic services Some special limits apply to the coverage of orthodontic care: • A course of treatment may not cover a period greater than 36 months. • After completion of a course of treatment, benefits for a new course of treatment will be provided only if it begins at least five years after the completion of the prior course of treatment, and the lifetime maximum benefit has not been met. • Benefits for orthodontic care are available for all covered members.	You pay **50%** of the amount the dental care professionals in our network have agreed to accept for their services

Using dental care professionals who do not have an agreement with Anthem

Should you decide to have your dental care provided by a dental professional who is not in the Anthem network, you will pay:
- 20% of the amount Anthem allows for diagnostic and preventive care
- 40% of the amount Anthem allows for primary dental services
- 50% of the amount Anthem allows for prosthetic, complex restorative and orthodontic care

It's important to remember that dental professionals not in our network can charge whatever they want for their services. If what they charge is more than the fee our network dental professionals have agreed to accept for the same service, the out-of-network professional may bill you for the difference between the two amounts.

The total amount your plan will pay

Your Anthem Dental - PPO benefits provide a total of $1,000 in coverage for dental care per person each calendar year. In addition, your plan provides $1,500 in coverage for orthodontic care per person, but once this limit is reached, it will not renew. It is a lifetime limit. All covered care counts toward these respective benefit maximums, regardless of whether the services are provided by in-network or out-of-network dental professionals.

This document contains highlights of the plans you are being offered by Anthem Blue Cross and Blue Shield. Please refer to your benefit booklet for full details on plan provisions.

This benefits overview insert is only one piece of your entire enrollment package. See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.

Anthem®

Anthem Dental – PPO

You'll want coverage this good.

Here's a plan to make you smile – Anthem Dental – PPO.

Your Anthem Dental – PPO plan gives you:

a **team** of dentists, oral surgeons and other dental care professionals so you'll have access to the dental care you need, when you need it.

coverage for important dental services including:

- routine exams and cleanings
- fillings
- dental x-rays
- care for toothaches
- tooth extractions
- oral surgery
- endodontic care such as root canals
- periodontic care (care for your gums)

And depending on your level of coverage, your plan may also include benefits for a host of other dental services.

Anthem Dental – PPO

With Anthem Dental – PPO, you can visit any dentist you choose.

Anthem Dental – PPO members can choose to receive their dental care from any dental care professional.

Dental professionals with an agreement to serve Anthem Dental – PPO members

Dental professionals with an agreement to serve Anthem Dental – PPO members are known as "network" or "participating" professionals. With nearly 2,500* dental offices participating across Virginia, Anthem has one of the largest dental networks in the state.

Using participating dental professionals has its advantages. These network professionals agree to accept a set amount as full payment for the covered services they provide to Anthem Dental – PPO members. Depending on the type of care you received, you may pay either nothing or a percentage of this agreed upon amount. That helps protect you from unexpected expenses. Plus, you won't have to worry about claims paperwork; network professionals typically handle that for you.

Dental professionals without an agreement to serve Anthem Dental – PPO members

You can also use dental professionals who do not have an agreement to serve Anthem Dental – PPO members. Because these professionals do not have an agreement with Anthem, they can charge whatever they want for their services. After Anthem pays its portion of the bill, you pay the rest, possibly up to the professional's total charge for the care you received.

If you need special dental care that is not available from a participating dental professional, your regular dentist can contact Anthem to have these special services approved in advance so your "in-network" benefits can be used to cover the care.

Helping you plan ahead

Anthem Dental – PPO also helps you plan ahead for major dental expenses. For any dental care that is expected to cost more than $300, Anthem encourages dentists to send us a description of the recommended procedure before it's performed. That way you will know in advance of receiving the care how your benefits will apply and how much the care will cost you.

** Anthem Blue Cross and Blue Shield, Provider Network Management, July 2002.*

Ins and Outs of Coverage

Now that you've read a little about the Anthem Dental – PPO plan, it's important that you take time to read this section. It outlines who can be covered by your plan, information about payments for dental services and what's not covered by your plan.

Who you can cover

Unmarried dependent children are covered until December 31st of the year they turn 23

You can choose coverage for you alone or family coverage that includes you and any of the following family members:

- Your husband or wife
- Your unmarried, natural or legally adopted children age 23 or under
- Children placed in your home for adoption who are age 23 or under
- Children age 23 or under for whom you are the legal guardian if you provide more than one-half of the children's support
- Stepchildren age 23 or under if you provide more than one-half of the children's support

If you have unmarried children with mental or physical challenges that prevent them from supporting themselves, the dependent age limit does not apply as long as these challenges were present before they reached age 23.

Changing who your benefits cover

Additions to your family like a new baby, stepchildren or an adopted child can be added to your policy if you let us know within 31 days of the child (or children) becoming eligible for coverage under your plan. If this 31-day period is missed, they can still be added at your employer's next enrollment period.

Likewise, if someone covered by your plan becomes ineligible for coverage (a son or daughter turns 24, for example), please let your benefits administrator know as soon as possible.

Should you have a son or daughter who gets married, your benefits will continue to provide coverage until the last day of the month in which the marriage takes place.

To enroll in Anthem Dental – PPO, complete the enrollment application. If you have any questions about the plan, please ask your group's benefits administrator or you can call Anthem Member Services at: 1-800-451-1527 or 358-1551 (from Richmond).

Anthem Dental – PPO

How much your benefits cover

Your Anthem Dental – PPO plan will pay for up to $1,000 in dental care each calendar year for you and each covered family member. Your plan also includes orthodontic coverage, so you and each covered family member may also receive up to $1,500 in coverage for orthodontic services. (Once this orthodontic coverage limit is reached, it does not renew. It is a lifetime limit.) Any amount Anthem pays for dental services is counted toward either the calendar year maximum or the lifetime maximum for orthodontic care depending on the type of service.

Participating dental professionals agree to accept the amount Anthem allows for a particular covered service (known as Anthem's "allowable charge") and bill you only for any coinsurance or deductible amount that may apply. (A coinsurance is a certain percentage of Anthem's allowable charge that you pay the dental professional. A deductible is an amount you pay toward your dental care before your benefits begin. Deductibles do not apply to routine cleanings, exams or x-rays. Your benefits administrator will let you know if a deductible applies to other services.)

Dental professionals who have not agreed to accept the amount Anthem allows for a particular covered service can bill you for the amount between what Anthem pays for the service and what the professional charges. When you visit a non-participating professional, you are responsible for paying this additional amount, and you may also have to file your own claim.

Ins and Outs of Coverage

This list describes services for which coverage is limited. If you were covered by another Anthem Blue Cross and Blue Shield dental policy in the same calendar year that you'll be covered by this policy, any benefits you received through that previous policy will count toward the dollar and other benefit limitations for the same services under this policy.

Limitations on coverage

Diagnostic and Preventive Services

Services covered twice per calendar year:

- Periodic oral evaluation.
- Dental prophylaxis, including scaling and polishing of teeth.
- Topical fluoride application.

Services covered once per calendar year:

- Bitewing x-rays (two or four films), but not within the same calendar year as a full mouth x-ray series.
- Other evaluations (e.g., emergency or periodontic evaluations).
- Employees may receive one complete full mouth x-ray series or a panorex every three years, and only for covered persons age five or older.
- Benefits for fluoride applications and dental pit/fissure sealants are available only to covered persons under age 16.
- Dental pit/fissure sealants are limited to the unrestored occlusal surface of the first and second permanent molars.
- Benefits for space maintainers are available only to covered persons under age 12. Benefits for space maintainers are also limited to twice per lifetime.
- Recementing of appliances is limited to once per appliance.
- Individual periapical films are limited to four per calendar year, but not in the same calendar year as a complete full mouth x-ray series. These limits will not apply when rendered in conjunction with emergency treatment.
- Diagnostic casts are limited to one set per lifetime.

Primary Services

- Amalgam (silver-colored) fillings are covered for all teeth. Composite (tooth- colored) fillings are covered for front teeth only.
- Restorative services will not be available if performed on a tooth surface which has had a sealant application within the prior two-year period.
- Restorative services are limited to once per tooth surface per calendar year.
- Pin retention is limited to once per tooth per calendar year regardless of the number of pins per tooth.
- Therapeutic pulpotomy is covered on primary teeth only.
- Root canal therapy is limited to once per permanent tooth in any three-year period.
- Bite planes or splints and occlusal adjustments of teeth for temporomandibular joint disorders are limited to once per covered person per lifetime.
- Palliative treatment is limited to two treatments per calendar year.
- Scaling and root planing is limited to once every two years per quadrant.

- Gingivectomy, mucogingival surgery, soft tissue/osseous grafts, and periodontic osseous surgery are limited to once every three years per quadrant.
- Crown lengthening is limited to once per tooth per lifetime.
- Periodontic scaling in the presence of gingival inflammation is limited to once per lifetime and in lieu of routine prophylaxis.
- Periodontic maintenance therapy is covered only after active periodontic therapy and is limited to twice per calendar year in lieu of routine prophylaxis.
- The allowable charge for services rendered in a quadrant is based upon the number of teeth requiring treatment in the quadrant.

Non-covered services

The services and supplies listed here are excluded from coverage by your dental plan and will not be covered in any case.

- Services not listed or described in the group policy as covered services.
- Services to replace teeth that were lost or extracted prior to the covered person's effective date.
- Dental services which are covered under any other medical benefits plan under which a covered person is enrolled. Examples of such services may include dental services for an accidental injury or impacted teeth.
- Any service determined to be experimental or investigative by Anthem Blue Cross and Blue Shield (the Company) in its sole discretion.
- Any service determined to be not medically necessary by the Company in its sole discretion.
- Services of any type rendered in conjunction with the services of an attending provider whose services are not covered by the policy.
- Services provided by a member of the covered person's immediate family.
- Any payment or services provided or available to the covered person:
  - — Under a U.S. government program or a program for which the federal or state government pays all or part of the cost. This exclusion does not apply to health benefits plans offered to either civilian employees or retired civilian employees of the federal or state government.
  - — Under the Medicare program or under any similar program authorized by state or local laws or regulations on any future amendments to them. This exclusion does not apply to those laws or regulations which make the government program the secondary payor after benefits under the policy have been provided. This exclusion applies whether or not the covered person waives his or her rights under these laws, amendments, programs, or terms of employment. However, the Company will provide payment for covered services when benefits under these programs have been exhausted.
- Services for, or related to, cosmetic surgeries or procedures, including complications that result from surgeries and/or procedures. Cosmetic surgeries and procedures are performed mainly to improve or alter a person's appearance and include, but are not limited to, body piercing and tattooing. However, a cosmetic surgery or procedure does not include a surgery or procedure to correct deformity caused by disease, trauma, or a previous therapeutic process. Cosmetic surgeries and/or procedures also do not include surgeries or procedures to correct congenital abnormalities that cause functional impairment. Anthem will not consider the patient's mental state in deciding if the surgery is cosmetic.
- Services which are not prescribed by, performed by or upon the direction of a provider licensed to do so.

Ins and Outs of Coverage

- Services received from a dental or medical department maintained by or on behalf of an employer, a mutual association, labor union, trust, or similar person or group.
- Services rendered prior to the covered person's effective date.
- Services rendered after the date of termination of the covered person's coverage. There is one exception. Covered prosthetic services which are prepped or ordered before the termination date are covered if completed within 30 days following the termination date.
- Telephone consultations, charges for failure to keep a scheduled visit, charges for completed claim forms, or charges for providing information in connection with a claim.
- Dental services with respect to congenital or developmental malformation or primarily for cosmetic purposes except as specified in the policy.
- Repositioning appliances or restorations necessary to increase vertical dimensions or restore or correct the occlusion.
- Services rendered for purposes other than to eliminate oral disease and/or replace covered missing teeth (mouth rehabilitation).
- Gold foil restorations.
- Guided tissue regeneration, including flap entry or re-entry and closure.
- Gingival curettage.
- Occlusal guards and athletic mouth guards.
- Inlays and recementing inlays.
- Temporary dentures, crowns, or duplicate dentures.
- Oral or inhalation sedation.
- Silicate restorations.
- Bleaching of discolored teeth.
- Dental pit/fissure sealants on other than first and second permanent molars.
- Root canal therapy on other than permanent teeth.
- Pulp capping (direct or indirect).
- Fixed bridges when done in conjunction with a removable appliance in the same arch.
- Behavior management or hypnosis.
- Acupuncture.
- Prescription drugs and therapeutic injections.
- Upgrading of working dental appliances.
- Precision attachments for dental appliances.
- Separate charges for pulp vitality tests, bases, and liners under restorations.
- Sedative fillings.
- Tissue conditioning.
- Separate charges for infection control procedures and procedures to comply with OSHA requirements.
- Separate charges for routine irrigation or re-evaluation following periodontic therapy.
- Analgesics (nitrous oxide).
- Prefabricated resin crowns.
- Diagnostic photographs.

Anthem Dental – PPO

- Therapeutic pulpotomy on permanent teeth.
- Periodontic splinting and occlusal adjustments for periodontic purposes.
- Dental implants and associated services in conjunction with implants.
- Occlusal analysis.
- Controlled release of medicine to tooth crevicular tissues for periodontic purposes.
- Tooth desensitizing treatments.
- Separate charges for hospital visits.
- Dental care in excess of the benefit maximums of the program.
- Care by more than one dentist when an employee transfers from one dentist to another during the course of treatment.
- Care by more than one dentist for one dental procedure.
- Dietary instruction or counseling.
- When coverage is available for the following services, as outlined in the Summary of Benefits, these services require the performance of diagnostic x-rays six months prior to the earlier of the request for predetermination of such services or the date the services were rendered:
  - — Crowns, crown lengthening and crown buildup;
  - — Prosthetic devices; or
  - — Surgical extraction of teeth.
- Any alternate course of treatment that is more expensive than another one that is consistent with accepted professional standards.
- Amounts in excess of the allowable charge for a service.
- Inpatient or outpatient facility charges.

If your Anthem Dental – PPO plan covers orthodontic services, certain limitations apply. Please refer to the Benefit Summary in the front of this brochure to determine if you have coverage for orthodontic services. If you have coverage for orthodontic services, the limitations will be listed on your Benefit Summary.

This is not a policy. This brochure is not a contract with Anthem Blue Cross and Blue Shield. It is a summary of benefits available through Anthem Blue Cross and Blue Shield's Anthem Dental-PPO program. A more detailed description of benefits, exclusions and restrictions can be found in the group policy: DP-INTRO (12/01), DP-TOC (12/01), DP-ELIG (12/01), DP-GEN (12/01). If there is any difference between this brochure and the group policy, the group policy will govern.

Anthem Blue Cross and Blue Shield's service area for the sale of its policies is the Commonwealth of Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123. However, the Dental network includes a number of dental care professionals located in those areas and in other contiguous regions outside of the Anthem Blue Cross and Blue Shield service area.

For more information, please call Member Services at 1-800-451-1527 or 358-1551 from the Richmond calling area.

Visit us on the internet at www.anthem.com.